



**8(a) Business Development (BD) Program Application  
Partnership**

To Be Completed by SBA

Date Received \_\_\_\_\_  
CTS Number \_\_\_\_\_

**Business Information**

1. Business Name (include any trade or d.b.a. names) \_\_\_\_\_
2. Street Address for Business \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Telephone (Area Code/#): \_\_\_\_\_ Fax Number (Area Code/#): \_\_\_\_\_
5. Type of Business: 

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Dealer	<input type="checkbox"/> Construction
<input type="checkbox"/> Professional Service	<input type="checkbox"/> Non-Professional Service	<input type="checkbox"/> Concession
<input type="checkbox"/> Franchise	<input type="checkbox"/> Wholesaler	
6. IRS Employer's ID Number \_\_\_\_\_ Number of Employees \_\_\_\_\_ Date Established \_\_\_\_\_
7. Primary SIC Code\* \_\_\_\_\_ % of Revenues \_\_\_\_\_  

\* The primary Standard Industrial Classification (SIC) code should represent the largest portion of sales from the most recently completed fiscal year.
8. PRO-Net User ID#, if applicable: \_\_\_\_\_
9. Is the firm located in a HUBZONE area? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know
10. Is the applicant concern certified as a Disadvantaged Business Enterprise (DBE) by a Department of Transportation recipient? \_\_\_\_\_  

**If yes, identify States(s) and ID number(s):** \_\_\_\_\_
11. Do you have any other certification as a disadvantaged business entity, I.E. MBE, DBE, WBE, etc.? \_\_\_\_\_  
\_\_\_\_\_  

**If yes, by which state or localities?** \_\_\_\_\_
12. Is the firm at least 51% owned by a Veteran? \_\_\_\_\_ Disabled Veteran? \_\_\_\_\_

## Ownership Information

13. Partner's Name and Title:	% Owned	General Partner	U.S. Citizen?	Veteran?	Claiming Disadvantage?
[Circle]					
Mr./Ms. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mr./Ms. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mr./Ms. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mr./Ms. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Management Information

14. Has any individual claiming disadvantaged status transferred assets, within the last two years to an immediate family member, or to a trust, the beneficiary of which is an immediate family member? (father, mother, husband, wife, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, father-in-law and mother-in-law) Yes ☐ No ☐ . **If yes, please submit a schedule listing the assets, date of transfer, the value, evidence of consideration paid, and a copy of the trust agreement or any other legal documentation reflecting the transfer of assets, if applicable. The schedule need not include any transfers to an immediate family member if for educational, medical or essential support purposes, or transfers to an immediate family member that are consistent with the customary recognition of special occasions such as birthdays, graduations, anniversaries and retirements. Mark as Attachment 14A.**
15. Does the partnership or any disadvantaged person listed above or their immediate family members hold, in aggregate, more than a 20 percent equity ownership interest in an existing 8(a) BD concern? Yes ☐ No ☐ . **If yes, provide the following information: name, title, business name and addresses, and percentage of ownership. Mark as Attachment 15A.**
16. Does a nondisadvantaged individual, in aggregate with all immediate family members, or non-participant concern listed above own, a) more than a 10 percent interest in an existing 8(a) BD concern in the developmental stage; or b) more than a 20 percent interest in an existing 8(a) BD concern in the transitional stage? Yes ☐ No ☐ . **If yes, provide the following information: name, title, business name and address of other 8(a) BD concern, percentage of ownership, whether the firm is in the developmental or transitional stage and where applicable, whether the nondisadvantaged 10 percent owner was the principal of a former 8(a) BD participant in the same or similar line of business as the applicant firm. Mark as Attachment 16A.**
17. Does another concern in the same or similar line of business as the applicant firm own at least 10 percent of the applicant concern? Yes ☐ No ☐ . **If yes, provide the following information: company name, business address, affiliation with the applicant concern and percentage of ownership. Also indicate if the firm is a former 8(a) BD Participant. Mark as Attachment 17A.**
18. Does a disadvantaged managing partner with managerial experience devote full-time to the day-to-day management of the applicant concern? Yes ☐ No ☐ . **If yes, provide a detailed description of the managing partner's previous management experience and hours devoted to the day-to-day operations of the firm. If no, provide details as to the extent of outside employment or other business dealings to include daily hours of employment, location and explanation as to how this outside employment does not conflict with the disadvantaged partner's ability to manage and control the daily operations of the applicant concern. Mark as Attachment 18A.**

19. Does any nondisadvantaged individual receive compensation in any form, including partnership distributions, that exceeds the compensation received by the managing partner? Yes ☐ No ☐ **If yes, provide the total compensation paid to the nondisadvantaged individual(s). If any nondisadvantaged individual is higher compensation, provide a statement which justifies the need for the nondisadvantaged individual(s) to receive a higher compensation. Mark as Attachment 19A.**
20. Does any individual(s), other than the individual(s) claiming disadvantage, provide financial or bonding support, licenses or required professional certification to the applicant concern? Yes ☐ No ☐ . **If yes, provide the name of the individual, the nature of assistance (in the case of licenses and professional certifications, include the type of license and/or certification) and copies of any existing agreements governing that relationship. Mark as Attachment 20A.**
21. Has any person listed above or any immediate family member ever had a prior business relationship with any other person listed above or any immediate family member? This includes such relationships as employer-employee, supervisor-employee, co-workers, investor-employee, etc. Yes ☐ No ☐ . **If yes, identify the individuals and their relationship. Mark as Attachment 21A.**
22. Does the partnership buy from, sell or use the services or facilities of any other concern in which any individual listed above has a financial or any other interest? Yes ☐ No ☐ . **If yes, provide the following information: name, title, business name, and type of interest. Mark as Attachment 22A.**
23. Has the partnership or any person claiming disadvantaged status currently or previously participated in the 8(a) BD program? Yes ☐ No ☐ . **If yes, provide the following information: business name of the previous Participant in the 8(a) BD program, individual name, title, address of previous Participant, dates of participation in the 8(a) BD program and SBA servicing office of record. Mark as Attachment 23A.**
24. Has the partnership or any person listed above, including any of their immediate family members ever been an owner, stockholder or guarantor for a concern which has received an SBA loan? Yes ☐ No ☐ . **If yes, provide the following information: name, business name, date approved, current status, and SBA office of record. Mark as Attachment 24A.**
25. Does the partnership have any subsidiaries or affiliates (see 13 CFR § 121.103) or is it a subsidiary or affiliate of another concern? Yes ☐ No ☐ . **If yes, provide the following information: name and address of subsidiary and/or affiliate and an explanation of the existing relationship. Mark as Attachment 25A.**
26. Is the partnership, any person listed above, or another person, such as a key employee with significant authority over the concern, involved in any present or pending lawsuits? Yes ☐ No ☐ . **If yes, provide the following information: name of individual, details of the suit, including current status, and provide a copy of any available documents. Mark as Attachment 26A.**
27. Has the partnership filed for bankruptcy or insolvency proceedings within the past seven years? Yes ☐ No ☐ . **If yes, provide details and a copy of the bankruptcy court's final dispensation. Mark as Attachment 27A.**
28. Is any general partner or any other partner of more than 10% debarred, suspended, voluntarily excluded or otherwise ineligible for procurement or non-procurement purposes from any department or agency of the Federal Government? Yes ☐ No ☐ . **If yes, please provide a list of such individuals identifying their names and positions with said organization. Mark as Attachment 28A.**

When submitting your application, please provide the original application, including original SBA and IRS forms, and a  
ion Documents." All complete applications


**PLEASE NOTE:** The estimated burden for completing this form is 5 Hours per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3<sup>rd</sup> St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0015).

The questions on the attached form were abstracted from the previous SBA Form 1

## **CHECKLIST OF REQUIRED 8(a) BD PROGRAM APPLICATION DOCUMENTS FOR PARTNERSHIPS**

Please provide all of the following documents in the order that they are listed and check if attached. **NOTE "N/A" IF NOT APPLICABLE.**

### **PERSONAL ELIGIBILITY**

- ☐ SBA Form 1010A, Personal Eligibility Statement - Provide for each individual claiming disadvantaged status. (An individual claiming disadvantaged status must be a U.S. Citizen).
- ☐ SBA Form 413, Personal Financial Statement - Provide separate forms for all individuals claiming disadvantaged status, each partner of *more* than 10%, and his/her spouse, splitting all assets and liabilities as appropriate.
- ☐ SBA Form 912, Statement of Personal History - Provide for each partner of *more* than 10% and any other person, including a hired manager, who has authority to speak for and commit the concern, and all individuals claiming disadvantaged status. (Form FD-258, Fingerprint Card, required for affirmative answers to questions 6, 7, and 8).
- ☐ Signed copies of individual Federal income tax returns filed for the past two years, including all W-2 forms and all schedules and attachments. Provide for all partners of *more* than 10% and all individuals claiming disadvantaged status. Please provide signed and dated IRS Form 4506, Request for Copy or Transcript of Tax Form.
- ☐ A resume of the education, technical training and business and employment experience, including employer's name, dates of employment and nature of employment, for all partners of *more* than 10% and all individuals claiming disadvantaged status (please account for all time).
- ☐ Community Property - SBA policy requires consideration of state community property laws when determining 51% unconditional ownership of an applicant or 8(a) BD concern. If you live in a community property state or commonwealth (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin), please provide documentation that the individual(s) claiming eligibility unconditionally owns at least 51% of the applicant concern.
- ☐ If any individual claiming disadvantage status is currently employed outside the applicant concern, provide information on this employment and evidence that the activity does not conflict with the day-to-day management of the applicant concern. Please indicate the number of hours per week and the normal working hours of this outside employment.
- ☐ If any individual claiming disadvantaged status is a naturalized citizen, provide proof of citizenship (copy of passport, Certification of Naturalization certificate or Naturalization number).

### **BUSINESS ELIGIBILITY**

- ☐ Partnership Agreement.
- ☐ A brief description and history of the business.
- ☐ Copies of buy/sell agreements, conditions precedent, conditions subsequent, executory agreements, or other similar arrangements which may impact the unconditional ownership of the disadvantaged individuals.

**BUSINESS ELIGIBILITY (continued)**

- ☐ Copy of current business license (city, county, or state, as required by law)
- ☐ Copies of any special licenses (e.g., public accountancy, engineering, architectural, contractor, etc.).
- ☐ Copies of all management and joint venture agreements, indemnity agreements and consulting agreements, including agreements for assistance in completing this 8(a) BD application.
- ☐ Copies of any distributorship, licensing or franchise agreements.
- ☐ Copy of the current lease agreement(s) and/or proof of ownership for all business facilities.
- ☐ Copy of the current lease agreement(s) for equipment, if applicable.
- ☐ Copy of business insurance declaration page (comprehensive, liability, worker's compensation, etc.).
- ☐ A list of all affiliates and subsidiaries. The list should identify the name and address of the affiliate and/or subsidiary, the type of business, and the names of the affiliate/subsidiary's owners, directors and officers.
- ☐ SBA Form 1623, Certification Regarding Debarment, Suspension and other Responsibility Matters.
- ☐ Copies of all loan agreements, including lines of credit.
- ☐ Copies of signature cards for all business bank accounts.
- ☐ List of production equipment. General and administrative equipment need not be listed. Please identify whether it is owned or leased and its approximate value.
- ☐ Provide list of contracts held with Federal government. Include award date, agency name, description of work and dollar value.
- ☐ Copy of Assumed/Fictitious Name Certificate, if applicable
- ☐ If bonding is required by your industry, such as construction, a statement of the bonding limit from a surety company, specifying single job limit and aggregate limit.

**FINANCIAL DATA:**

- ☐ If there are tax liens, unsatisfied judgments, or lawsuits involving the applicant or individuals involved in the applicant concern as more than 10% partners of the applicant concern, evidence of repayment arrangement, proof of compliance with repayment arrangements, and latest status of lawsuits are required.
- ☐ A current balance sheet and profit and loss statement, including an aging of accounts, no older than 90 days from the filing date of this application, signed, certified and dated by the concern's managing or senior partner.

**FINANCIAL DATA (continued)**

- ☐ A balance sheet and profit and loss statement for each of the three preceding fiscal year-end periods, signed, certified and dated by the concern's managing or senior partner.
- ☐ Signed copies of business Federal tax returns, including all schedules, filed for the past three years. Please provide signed and dated IRS Form 4506, Request for Copy or Transcript of Tax Form.
- ☐ Signed copies of financial statements and Federal tax returns of any subsidiaries or affiliates for each of the three preceding fiscal year-end periods.

**OTHER REQUIREMENTS**

- ☐ Provide signature on the attached "Authorization, Certification, and Notices."
- ☐ "Representatives and Fees." If representatives were used, please complete the attachment form.
- ☐ Length of Time in Business. See below for additional requirements for applicants that have not been in business for two full years as evidenced by tax returns reporting revenue.

**Length of Time in Business Requirement**

Eligibility criteria require that an applicant concern must demonstrate that it has been in business in the primary industry classification in which it seeks 8(a) BD certification for two full years prior to the date of its 8(a) BD application by submitting income tax returns showing revenues for each of the two previous years. [13 C.F.R. 124.107(b)]

- ☐ If an applicant seeks a waiver of this requirement, all the following elements must be addressed:
  - A. Substantial business management experience of the individual(s) upon whom eligibility is based;
  - B. Information that the applicant concern has demonstrated technical experience to carry out its business plan with a substantial likelihood for success if admitted to the 8(a) BD program;
  - C. Information to demonstrate that the applicant concern has adequate capital to carry out the business plan as a Participant;
  - D. Information that documents the applicant concern's record of successful performance on contracts from governmental and/or non-governmental sources in the primary industry category; and
  - E. Information that demonstrates that the applicant concern has the ability to timely obtain the personnel, facilities, equipment and any other requirements needed to perform contracts as a Participant.

## **AUTHORIZATION, CERTIFICATION AND NOTICES**

Read the following paragraphs carefully. **Your signature on the 8(a) BD Business Eligibility Statement indicates acceptance and understanding of these conditions.**

- A. **Authority to Collect Personal Information:** The U.S. Small Business Administration (SBA) is authorized to determine eligibility for the 8(a) BD Program under Section 124 of Title 13 of the U.S. Code of Federal Regulations. The information submitted on SBA Form 1010A and 1010B is used to determine personal and business eligibility for the 8(a) BD Program. Information submitted may be given to Federal, State and local agencies for law enforcement purposes.
- B. **Incomplete Applications:** If the application is not complete, SBA will return the application to you along with a listing of missing or incomplete documentation. You may then reapply when the application is complete.
- C. **Disclosure of Information:** All information submitted in connection with this application may be disclosed to Federal procurement agencies considering furnishing contracts to this business.
- D. **Payment to SBA Employees:** Payment of any fee or gratuity to SBA employees is illegal and will subject the parties of such a transaction to prosecution.
- E. **Employment of SBA personnel:** Applicant agrees that it will not, for a period of two years after any assistance is rendered to it, employ or retain for professional service, any person employed by SBA in a position of discretion one year prior to or one year following the date the assistance was rendered.
- F. **Access to records:** Applicant agrees to allow SBA access and the right to examine corporate records including, but not limited to, books, documents, papers and other material considered by SBA to be necessary.
- G. **True and Complete Statements:** By signing this form, you are certifying that all information in your 8(a) BD application, including exhibits, is true and complete to the best of your knowledge and is submitted for consideration of 8(a) BD Program eligibility.

Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as an 8(a) business concern, or makes any other false statement in order to influence the certification process in any way, or to obtain a contract awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act, or any other provision of Federal Law that references Section 8(a) for a definition of program eligibility shall be:**

- 1. Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. Section 1001; and subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. Section 645.**
- 2. Subject to civil and administrative remedies, including suspension and debarment.**
- 3. Ineligible for participation in programs conducted under the authority of the Small Business Act.**



### **REPRESENTATIVES AND FEES**

It is not necessary for you to retain representation to assist in the preparation and presentation of this or any other 8(a) application. However, if you do retain such representation, SBA will determine the reasonableness of fees or other compensation for services actually performed by representatives on your behalf.

List the names of attorneys, accountants, appraisers, agents or other representatives who assisted in the preparation or filing of the application. Indicate the amount of fees, bonuses, commissions or expenses paid or due. SBA reserves the right to require, at a later date, a full itemization by representatives of actual services rendered. Attach additional sheet(s), if necessary.

NAME AND OCCUPATION  
OF REPRESENTATIVE

DESCRIPTION OF SERVICES

TOTAL FEES  
PAID      DUE

The compensation received by an agent or representative of an 8(a) BD applicant for assisting the applicant in obtaining 8(a) BD certification must be reasonable in light of the services performed by the agent or representative.

The fee charged by any agent or representative of an 8(a) BD applicant for assisting the applicant in obtaining 8(a) BD certification cannot be contingent upon the applicant receiving certification.

Signature(s) of Representative(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_